



保險公司如何認定「既往症」？

除了醫療及意外險，各類保單都可能面臨如何處理「投保前已存在的健康狀況」（即既往症）的問題。不同保險公司與不同險種，對此的定義也略有差異。

以醫療保險為例，若受保人在保單生效前，已就某種健康問題接受治療、被建議治療，或該狀況已明顯到一般理性人士會主動求醫的程度，不論是否確診、是否先天，通常都會被歸類為既往症。

具體而言，保險公司會參考以下情況來判斷是否屬於既往症：

- 曾被診斷或接受相關檢查、藥物或住院治療
- 已出現明顯症狀或當事人已知情
- 有醫學證據可證明該狀況於投保前已存在（例如腫瘤大小或癌症期數）

此外，保險公司還會考量該症狀屬於「急性」或「慢性」。例如急性腸胃炎、肺炎等短期疾病，即使投保前發生過，通常不視為既往症；但若屬長期、反覆發作的狀況（如腸易激綜合症），且於投保前已有紀錄，便可能被認定為既往症而影響承保。



How Do Insurance Companies Define "Pre-existing Conditions"?

Aside from medical and accident insurance, various types of policies may face the issue of how to handle "pre-existing health conditions" (i.e., pre-existing conditions). Different insurance companies and types of coverage may have slightly different definitions of this term.

For example, in the case of medical insurance, if the insured has received treatment for a certain health issue, has been advised to seek treatment, or if the condition is significant enough that a rational person would seek medical attention, it is typically classified as a pre-existing condition, regardless of whether it has been diagnosed or whether it is congenital.

Specifically, insurance companies will refer to the following situations to determine whether a condition is considered pre-existing:

- Diagnosis or relevant examinations, medications, or hospitalization have occurred.
- Clear symptoms have appeared, or the individual is aware of the condition.
- Medical evidence exists to prove that the condition existed prior to insurance coverage (e.g., tumor size or cancer stage).

Additionally, insurance companies will also consider whether the symptoms are classified as "acute" or "chronic." For instance, short-term illnesses such as acute gastroenteritis or pneumonia, even if they occurred before the policy was taken out, are usually not considered pre-existing conditions. However, long-term or recurrent conditions (like irritable bowel syndrome) that have a record prior to the policy may be recognized as pre-existing conditions and thus affect underwriting.